∞	Depart	ment of	Veteran	s Affairs		AUTHORIZATION OF OUT-OF-SYSTEM PAYMENT												
PAY PERIOD NO. NAME OF EMPLOYEE										SOCIAL SECURITY NO.				STATION	STATION NO. D		DATE OUT-OF-SYSTEM REQUEST	
	STATUS PERCENT AMOUNT BASE PAY						DIST. OF EN			MPLOYEE DEDUCTION AGE				GENCY CONTR	ENCY CONTRIB.		RESERVED	
TSP						İ	GS		FI		cs		1					
PAYMENTS												DE	DUC	TIONS				
TYPE							AMOUNT			ТҮРЕ						AMOUNT		
BASE PAY									T	RETIREMENT								
NIGHT DIFFERENTIAL							OASDI											
OVERTIME									T	BASIC LIFE INSURANCE								
HOURS									T	VA SHARE								
HOLIDAY							ADDITIONAL OPTIONAL LIFE INSURANCE CODE											
STANDBY										STANDARD OPTIONAL LIFE INSURANCE								
INCENTIVE AWARD									ı	FAMILY LIFE INSURANCE								
LUMP SUM							HEA				EALTH INSURANCE							
UNIFORM ALLOWANCE										VA SHARE								
LIVING ALLOWANCE										QUARTERS					CODE			
SUNDAY										SUBSISTENCE								
ON CALL										GARAGE								
PHYSICIAN/DENTIST SPECIAL PAY										PARKING								
SES AWARD										FEDERAL TAX								
REEMPLOYED ANNUITANT							PRIMARY STATE TAX					CODE						
SATURDAY PREMIUM PAY										SECONDARY STATE TAX					CODE			
SPECIAL RATE BASE PAY										PRIMARY CITY TAX								
									SECONDARY CITY TAX									
										MEDICARE TAX								
									1	OTHER DEDUCTION (Inc: Alimony, child support and bankruptcy,						bankruptcy)		
							MILITARY SERVICE DEPOSIT											
										THRIFT SAVINGS PLAN								
NET PAY ▶ \$																		
APPROPRIATION NO.																		
SIGNATURE OF AUTHORIZED OFFICIAL									TITLE							DATE		
VERIFICATION BY AGENT CASHIER/CERTIFICATION OF RECEIPT BY EMPLOYEE																		
CHE	CHECK NUMBER NET AMOUNT SIGNATURE OF E							JRE OF EMF	PLOY	ΈE				D	ATE		INITIALS- AGENT CASHIER	
\$																		